

myTOTAL
REWARDS

Annual Enrollment Performance Report




UNIVERSITY OF MISSOURI SYSTEM


2015



University of Missouri System Total Rewards Department



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A Letter from the Vice President of Human Resources

This year was different. **The university took bold steps to address the nationwide epidemics of declining wellness and rising health care costs**—epidemics that certainly affect our university community. My staff and I, as well as leaders across the University of Missouri (UM) System, have been tasked by President Wolfe and by the Total Rewards Task Force with finding solutions to improve faculty, staff, and retirees' physical and financial health. At the same time, we are tasked with keeping health insurance affordable while continuing our robust Total Rewards programs and services.

The changes we made to 2015 benefit plans, as well as the 2015 Annual Enrollment process, do just that. For example, the Task Force recommended we “reduce the continually rising trend in medical plan costs, thereby reducing the financial burden on the institution and the employees.” We advanced three strategies to curb rising medical plan costs.

First, we **introduced a new medical plan option in the nine counties surrounding Columbia**. The foundation of this Custom Network Plan is an integrated network of providers that allows us to test our belief that an integrated network will ensure high-quality care while offering an affordable insurance option.

Second, we **implemented an active enrollment process**. Every benefit-eligible faculty and staff member was asked to either select a medical plan or waive coverage. Medical plans are a big investment for both employees and the university, so it is important that each faculty and staff member carefully consider and choose the plan that is best for them.

Third, we **enhanced the wellness incentive to encourage healthy behaviors**. We increased the incentive to \$450 to encourage participation. We also expanded our healthy living programs to inspire faculty and staff to assess their current health status, determine where they might want to make improvements, and learn how to do so. Finally, we tied the wellness incentive to active enrollment. Employees were able to kick off their participation by accepting the wellness pledge during the enrollment process, making it easier than ever to be a part of the program and join a community of colleagues committed to a healthy lifestyle.

Another Task Force recommendation is to increase flexibility within Total Rewards programs to (1) support campus strategic priorities and (2) meet employees' needs and values. The Custom Network Plan advances the campus strategic priorities for the University of Missouri Health Care (MUHC) and gives employees living or working in Columbia the flexibility to choose an additional medical plan option. These are good first steps toward the Task Force's goal.

While the Custom Network is a fully realized plan for the Columbia area, I also consider it an exploration of what works best for our university community. We want to learn how best to extend this kind of medical plan model to our other campuses. We hope to answer questions such as: What are the key features of MUHC that we must replicate with partners in other regions? What kind of plan structure meets the needs of our faculty and staff while keeping premiums affordable? We will be watching the Custom Network's performance carefully to learn how we can improve it and craft similar plans systemwide.

We intend to **offer a tobacco-free premium discount for the 2016 plan year** to further a third Task Force recommendation: “reward healthy behaviors with lower medical plan premiums and out-of-pocket expenses.” The details are not fully formed, but we began planning and educating employees on the discount during this year's annual enrollment. Starting early provides faculty and staff over a year to prepare for the premium discount. Plus, this year's wellness incentive program offers a stepping stone by rewarding employees who are already tobacco-free or who take a tobacco cessation course.



One final Task Force recommendation that I believe is key to implementing all of the other recommendations is: “communication and education should support employees in understanding how to effectively choose benefits to best meet their individual needs.” We made many changes during 2015 Annual Enrollment, and we ramped up communication and education correspondingly.

The goal of this increased effort was to ensure that faculty and staff understood their choices and could make informed decisions. Our expanded efforts helped; **nearly 100% of benefit-eligible faculty and staff enrolled in an insurance plan**. Results like this one, and the many other results described in this report, grew from the expanded and sustained efforts of the human resources departments across the UM System.

Even with the additional effort, however, success would not have been possible without the engagement of leaders and others throughout the university. The extensive effort provided by those in departments, schools, colleges, and other units to educate, encourage, and track enrollment demonstrated how much we each care about our fellow faculty and staff. Thank you for the part you played in making this year’s annual enrollment so successful. I look forward to using the information presented in this report to make next year’s enrollment even better.

As a final note, consider this report as a midstream review. We are striving for continual improvement, which means there is more change coming. This year was different. Next year will be different. And the year after that will be different...

We are facing the twin challenges of declining wellness and rising health care costs—the same as many across the nation. But we are up to the challenge.

We care about our university family. We want you to have quality, affordable health care. And we are committed to responsibly managing the university’s financial resources for the years and decades to come. It is fundamental to our mission of meeting the teaching, research, public service, and economic development needs of Missouri, the nation, and the world.



Betsy Rodriguez
Vice President for Human Resources
University of Missouri System



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Executive Summary

For the 2015 Annual Enrollment period—from October 20 to October 31, 2014—the University of Missouri (UM) System committed to improving faculty and staff wellness and protecting both employees' and the university's financial health. The university pursued four interrelated objectives:

1. Invest in communication and education.
2. Institute active enrollment.
3. Introduce the Custom Network Plan.
4. Expand the wellness incentive.

Communication investments included over a half a million touch points with faculty and staff through the Total Rewards website, videos, social media, emails, and more. Plus, education efforts reached more than 15,000 employees with nearly 5,000 meetings and other events.

By instituting an active enrollment process, every faculty and staff member had to affirmatively declare their choice for a medical insurance plan, even if they intended to keep the same plan or if they wanted to waive coverage. This process gave each employee the opportunity to make an informed decision.

As a result, almost all of our benefit-eligible employees took action; 99.9% enrolled in a university insurance plan. Of the 18,777 benefit-eligible faculty and staff, only 57 people—or 0.3%—were defaulted to the after-tax Healthy Savings Plan. Most telling was that 44% of employees chose a plan different from what they selected last year—indicating that active enrollment did indeed prompt faculty and staff to make an active, informed choice that was right for their families.

Active enrollment was an especially important objective this year because the UM System introduced a third medical insurance option for faculty and staff who live and/or work in the Columbia area. The Custom Network Plan's integrated network is aimed at providing high-quality health care while keeping insurance plans affordable.

Those faculty and staff eligible to choose the Custom Network did so by a remarkable margin—47% enrolled in the Custom Network. And they realized notable cost savings. Employees who switched from the PPO Plan in 2014 to the Custom Network Plan in 2015 will save over \$2.8 million in premiums in 2015, and the university will save another \$2.1 million.

When looking across the entirety of the benefit-eligible population (as opposed to only those eligible for the Custom Network), the PPO Plan remained the most popular medical insurance plan, capturing 40% of faculty and staff enrollment. However, the Healthy Savings Plan saw a 30% increase in its enrollees from 13% to 19% of the population.

Finally, this year, the UM System expanded the wellness incentive to further encourage healthy behaviors. Employees' potential incentive earnings were increased from \$100 to \$450, and more classes and support tools were made available for faculty and staff to take steps toward healthier living. Final results will not be available until later in 2015, but the university is off to a very promising start. Over fourteen thousand faculty and staff (2.7 times as many as last year) have committed to the incentive program by signing the wellness pledge.

RESULTS

99.9% of fully benefit-eligible faculty and staff enrolled in an insurance plan

Only 57 people did not actively take part in enrollment and were defaulted to the after-tax Healthy Savings Plan

47% of faculty and staff eligible for the new Custom Network Plan chose it

Faculty and staff who switched from the PPO Plan to the Custom Network will save \$2.8 million in premium costs in 2015 and the university will save another \$2.1 million.

When analyzing all enrollees, regardless of their eligibility for the Custom Network, 40% chose the PPO Plan

There was a 30% increase in Healthy Savings Plan enrollees when compared to last year

14,056 UM System faculty and staff members joined the 2015 Wellness Incentive during 2015 Annual Enrollment—a significant increase from the 5,191 who completed last year's incentive

Communication and education efforts were increased so faculty and staff could make an informed decision:

- 4,922 events for 15,295 employees
- 598,812 reaches to employees with communication tools like our website, videos, social media, etc.

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Demographics

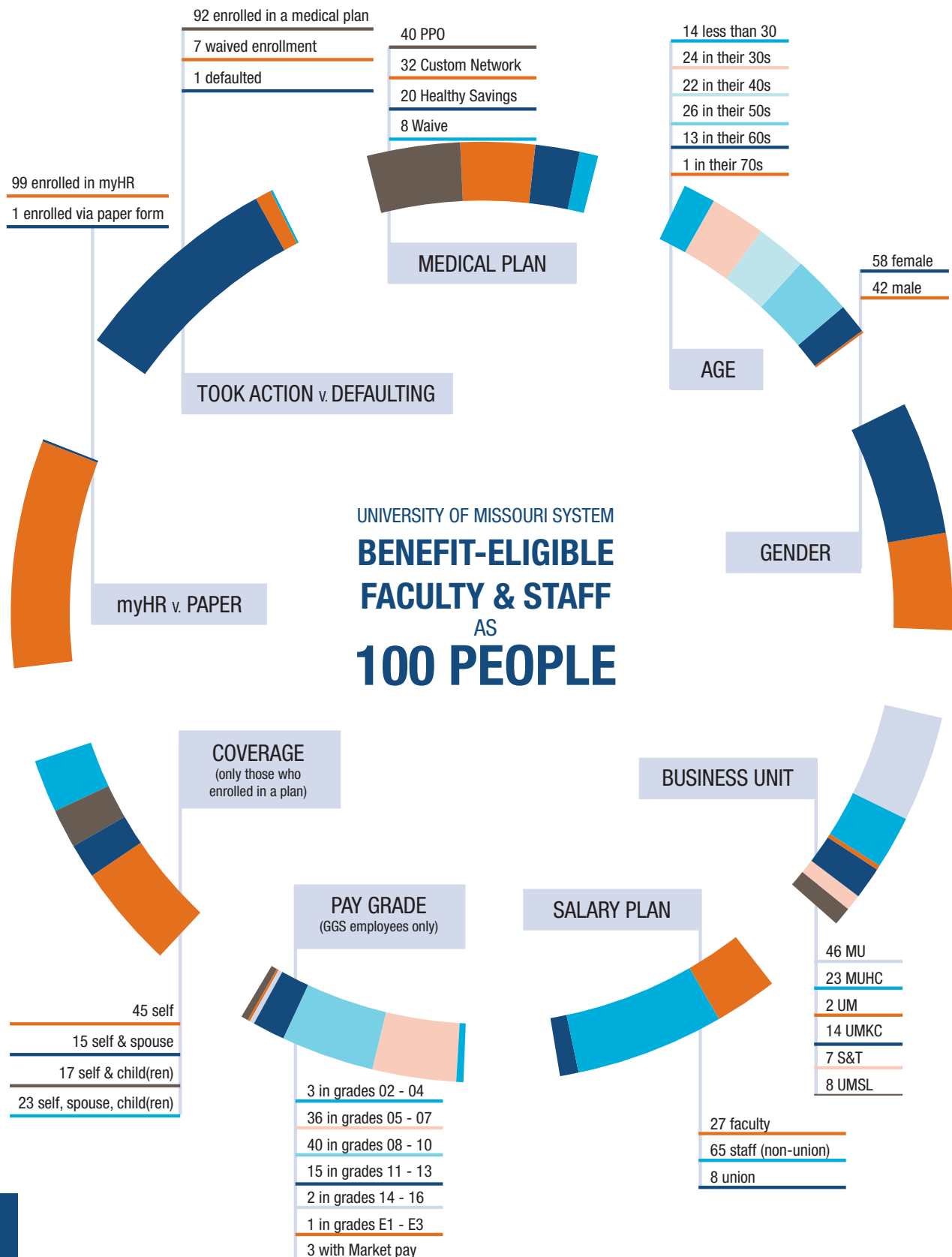
Annual enrollment is—at its most basic—about the people that comprise an institution. For the University of Missouri (UM) System, it is about offering peace of mind to faculty and staff by 1) helping to maintain healthy and active lives, and 2) preparing for health issues that may arise. It is fitting then, that this report begin by describing the university faculty and staff.

Who are the UM System faculty and staff that enrolled in benefits during the 2015 Annual Enrollment process? How many took advantage of insurance plans for the 2015 plan year? This section seeks to answer these questions and more.



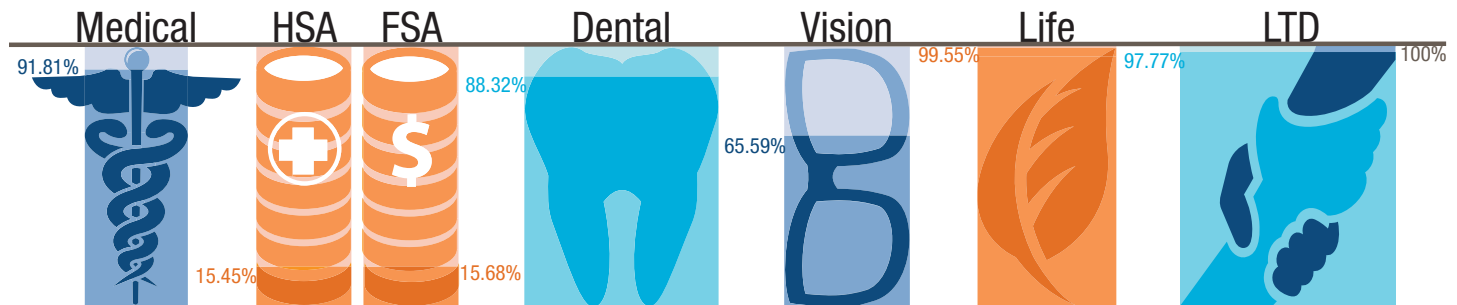
2.1 Fully-benefit eligible faculty & staff as 100 people

The number of UM System faculty and staff members who were fully benefit-eligible and invited to enroll for the 2015 benefit plan year totaled 18,777. The pictorial below provides a view the choices of that population per hundred people.



2.2 Enrollment in 2015 insurance plans

Faculty and staff chose to take advantage of university benefits in overwhelming numbers. Ninety-two percent enrolled in a UM System medical insurance plan, and 88% enrolled in the university dental plan. The life and long-term disability plans enjoyed almost 100% enrollment, largely due to the fact that these plans are fully paid by the University.

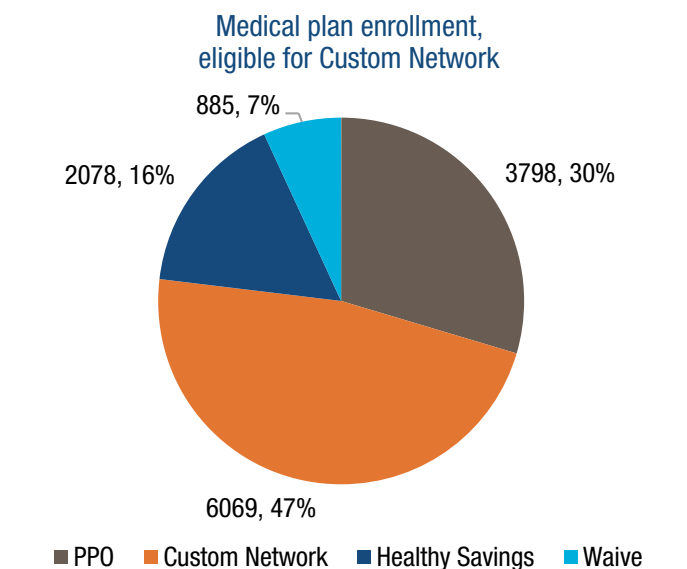
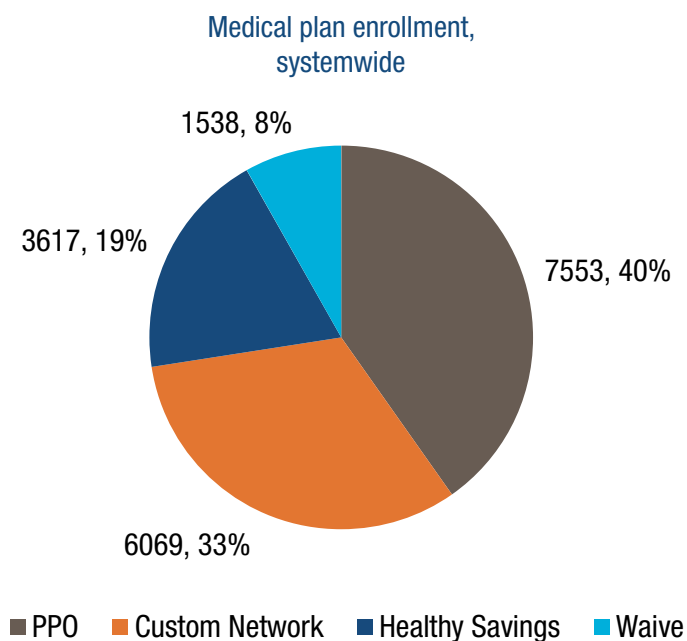
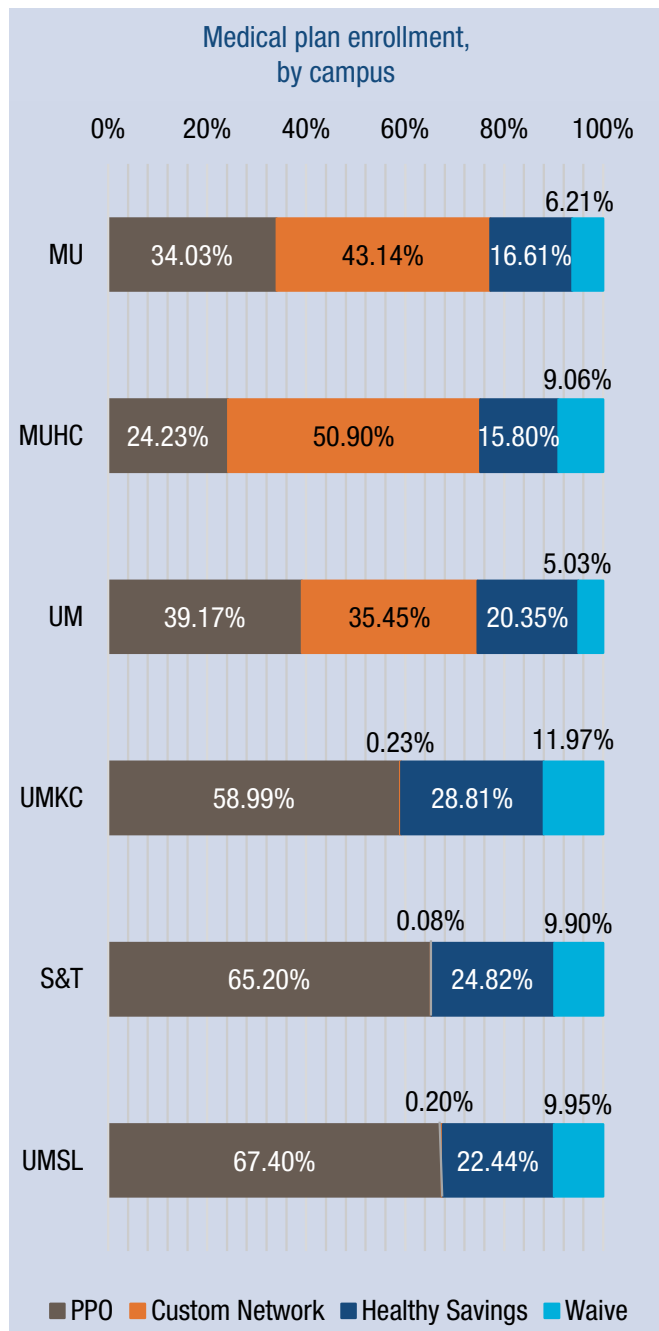


Benefit-eligible faculty and staff, by campus, and their enrollment choices

Business unit	MU	MUHC	UM	UMKC	S&T	UMSL	TOTAL
Benefit-eligible employees	8,643	4,259	457	2,648	1,273	1,497	18,777
Plan Enrollment							
Medical	8,106	3,873	434	2,331	1,147	1,348	17,239
	93.79%	90.94%	94.97%	88.03%	90.10%	90.05%	91.81%
HSA	1,172	524	84	590	266	265	2,901
	13.56%	12.30%	18.38%	22.28%	20.90%	17.70%	15.45%
FSA	1,513	496	112	400	154	269	2,944
	17.51%	11.65%	24.51%	15.11%	12.10%	17.97%	15.68%
Dental	7,815	3,723	417	2,217	1,096	1,315	16,583
	90.42%	87.41%	91.25%	83.72%	86.10%	87.84%	88.32%
Vision	5,590	2,832	313	1,762	864	955	12,316
	64.68%	66.49%	68.49%	66.54%	67.87%	63.79%	65.59%
Life	8,595	4,221	457	2,648	1,273	1,497	18,692
	99.44%	99.11%	100.00%	100.00%	100.00%	100.00%	99.55%
LTD	8,446	4,085	454	2,623	1,265	1,486	18,359
	97.72%	95.91%	99.34%	99.06%	99.37%	99.27%	97.77%

2.3 Enrollment in 2015 medical plans

There were three different medical insurance plans in which faculty and staff could enroll for 2015. Nineteen percent chose the Healthy Savings Plan. While this is the lowest percentage of the three medical plans offered, the number of Healthy Savings enrollees increased by 30% from 2014 to 2015. However, the picture changes when evaluating only those faculty and staff who were eligible to enroll in the Custom Network Plan. Among faculty and staff eligible to choose the Custom Network Plan, almost half (47%) did so.



founded on an integrated network of providers aimed at delivering high-quality health care while offering an affordable insurance option. When looking across the entire UM System, the most popular plan was the PPO Plan, capturing 40% of faculty and staff enrollment.

The bar chart on the left looks at the same enrollment choices segmented by business unit. When a business unit had two plan choices, the greatest percentage of faculty and staff chose the PPO Plan. But when a third plan choice was offered through the Custom Network Plan, it became the top choice for all but UM System where PPO Plan enrollment was slightly higher. (Keep in mind that someone working in St. Louis but living in Columbia would be eligible for the Custom Network, which is why you see a small percentage of employees in those business units enrolled in the Custom Network.)

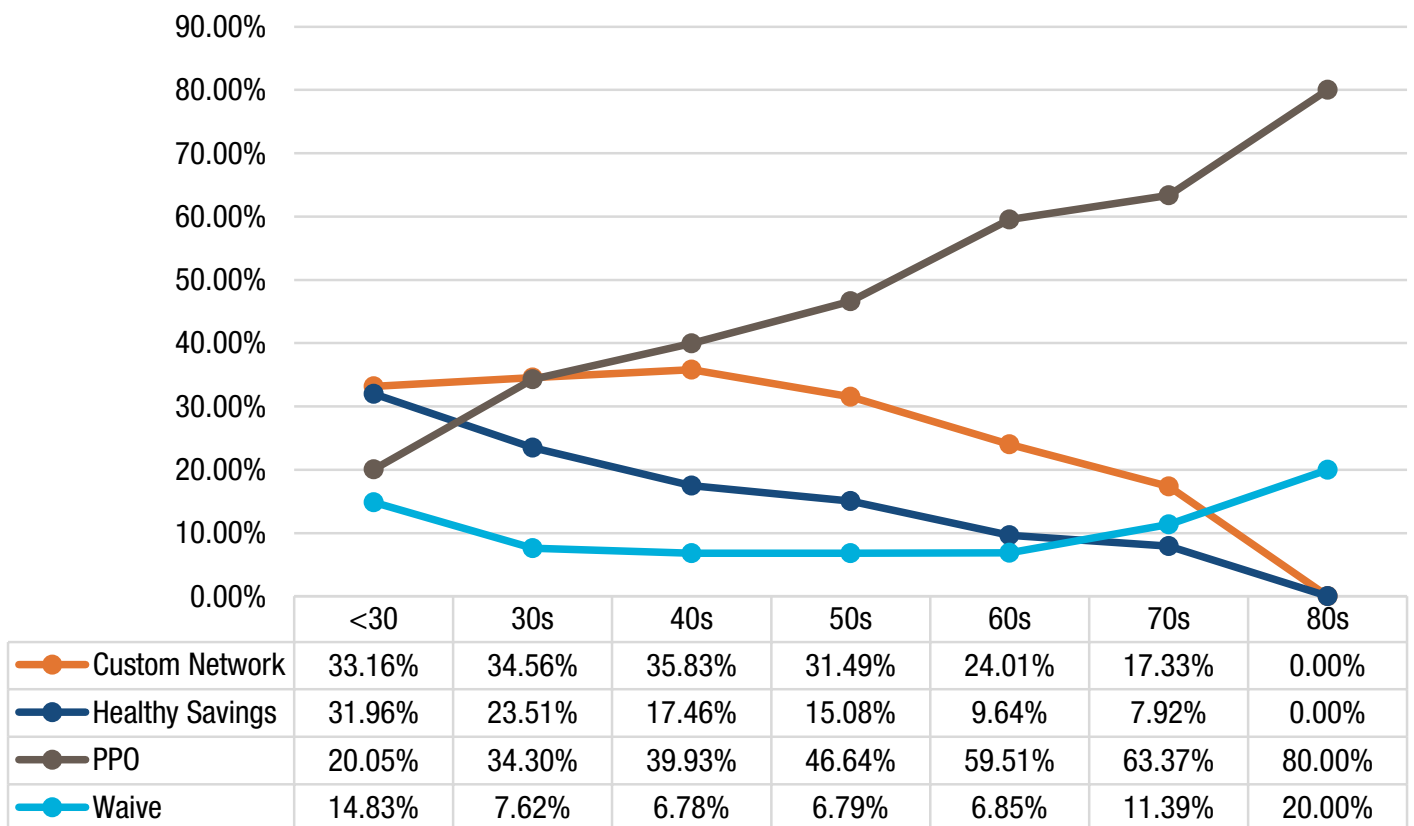
2.4 Enrollment by age

This section looks more closely at how age correlates to the medical plan a faculty or staff member selected.

As employee age increases, a downward trend emerges in Healthy Savings Plan and Custom Network Plan enrollment, whereas the PPO Plan sees increased enrollment as age advances. Note that roughly one third of employees in any age group under 50 selected the Custom Network Plan, but enrollment begins to taper off in the 50 – 59 age bracket. Another third of faculty and staff less than age 30 chose the Healthy Savings Plan.

The PPO Plan increased in popularity as employees' ages increased. While only 20% of employees less than age 30 selected the PPO Plan, 60% or more of faculty and staff in their 60s, 70s, and 80s selected the plan.

Percentage enrolled in medical plans, by age group

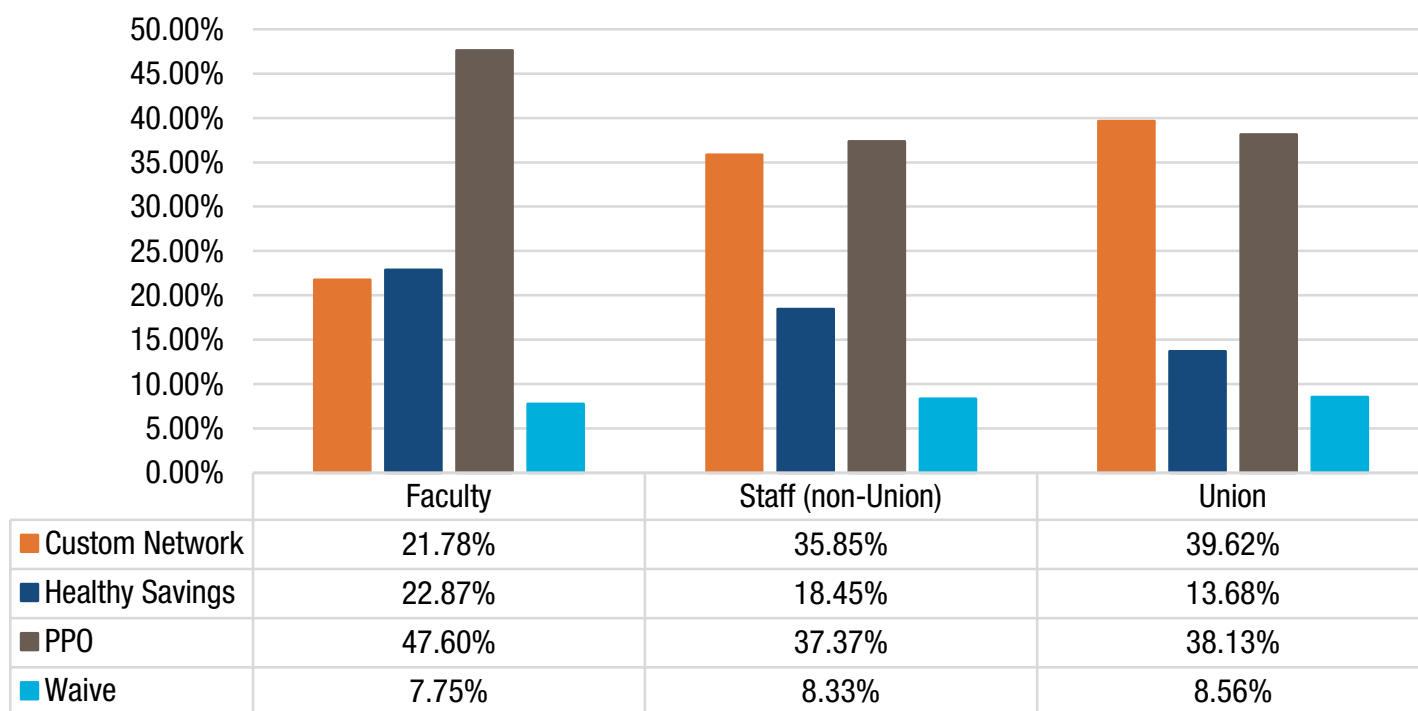


2.5 Enrollment by job type

One attribute that greatly contributes to the diversity of the UM System community is job type. Many organizations have a specific focus that prompts the hiring of individuals within a relatively narrow range of skills and expertise, but the university's status as an academic institution means it employs faculty and staff from a wide range of jobs types.

The chart below helps to illustrate medical plan enrollment choices in conjunction with employees' salary plans; the salary plan tells us whether an employee is considered faculty, staff (non-union), or union. Among faculty, the PPO Plan was the most popular medical insurance, but the Custom Network Plan and the PPO Plan were nearly tied for most popular in Staff (non-union) and Union categories. Interestingly, the Healthy Savings Plan was more popular among faculty than among staff.

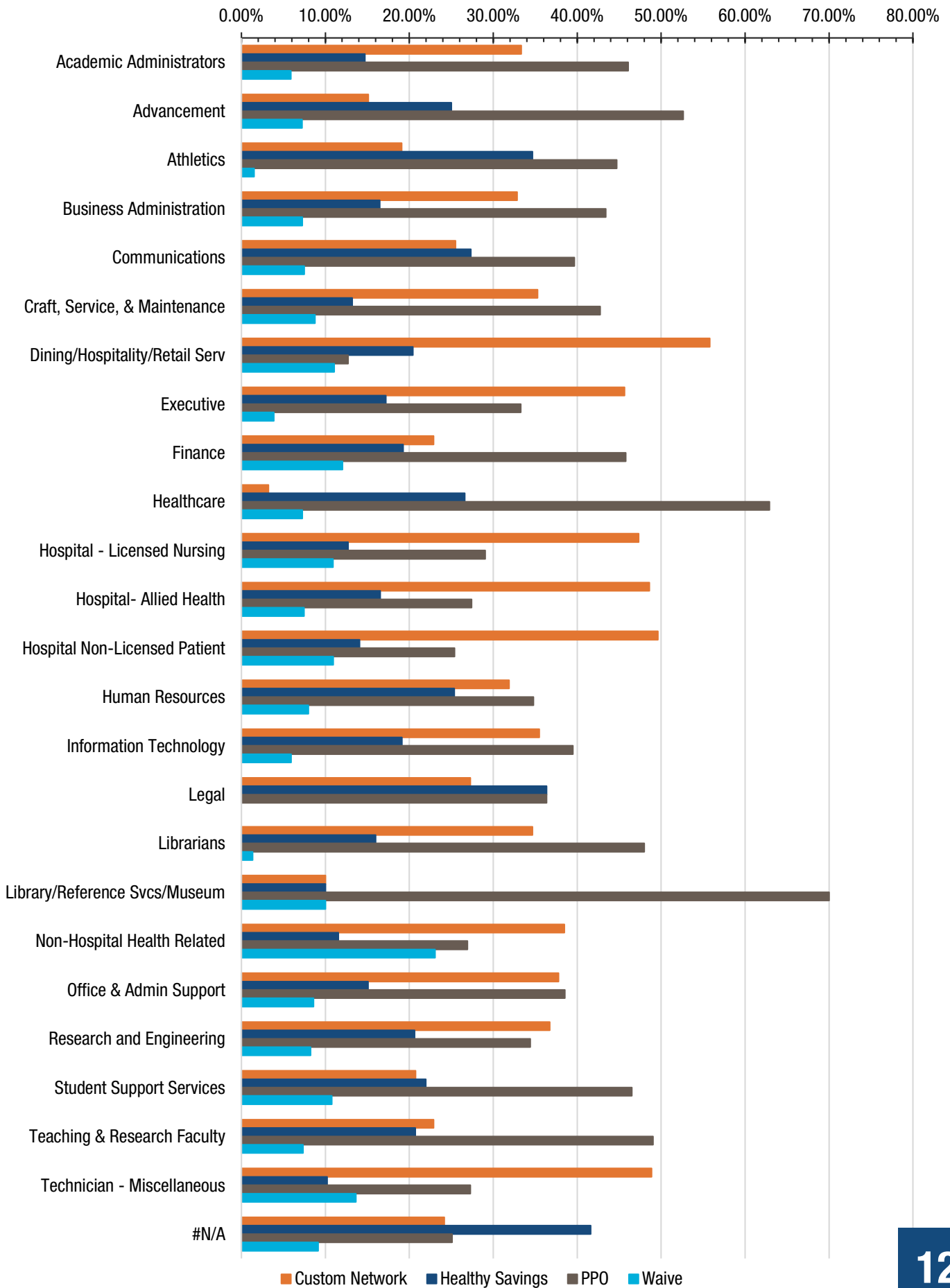
Percentage enrolled in medical plans, by salary plan



Following is the distribution of medical plan enrollment by job family. Job families are the categories into which employees' job titles are grouped. There were five job families where enrollees chose the Custom Network Plan and PPO Plan in almost equal proportion to one another, including Human Resources, Information Technology, Non-Hospital Health Related, Office & Administrative Support, and Research & Engineering. The Legal job family favored the Healthy Savings Plan and the PPO Plan equally.

The six job families that most often chose the Custom Network Plan were Dining/Hospitality/Retail Services, Executive, Hospital- Licensed Nursing, Hospital- Allied Health, Hospital- Non-licensed Patient, and Technician- Miscellaneous. And finally, the following 12 job families chose the PPO Plan most often: Academic Administrators, Advancement, Athletics, Business Administration, Communications, Craft/Service/Maintenance, Finance, Healthcare, Librarians, Library/Reference Services/Museum, Student Support Services, and Teaching & Research Faculty.

Percentage enrolled in medical plans, by job family



Custom Network Healthy Savings PPO Waive

2.6 Enrollment by insurance coverage level

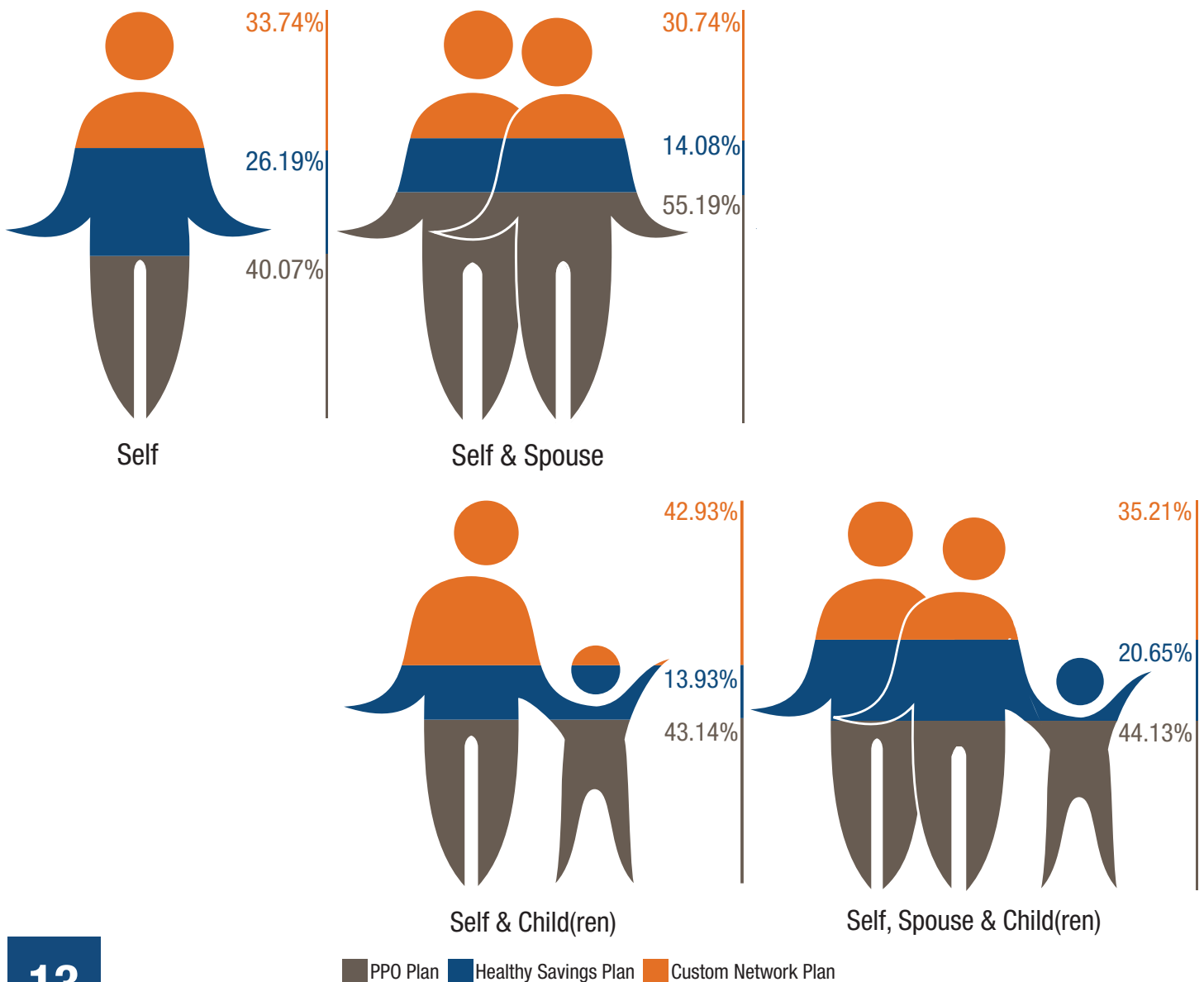
This section evaluates the medical insurance plans faculty and staff selected when compared to their coverage levels—i.e., who the employee chose to cover from among these four categories:

- Self
- Self & Spouse
- Self & Child(ren)
- Self & Spouse & Child(ren)

Note that this section does not include those employees who waived medical coverage, since by definition, that group did not choose a coverage level. In other words, this section does not evaluate the full 18,777 benefit-eligible employees, but instead, looks at only the 17,239 faculty and staff who elected to enroll in a university medical plan.

The PPO Plan was the most popular plan among most coverage levels; however, employees who chose Self & Child(ren) selected the Custom Network Plan in almost equal numbers to the PPO Plan. Those employees who chose Self & Spouse coverage selected the PPO Plan in a greater proportion than those in any other coverage category. The Healthy Savings Plan was most popular among those who selected Self coverage.

Medical plan enrollment by insurance coverage level



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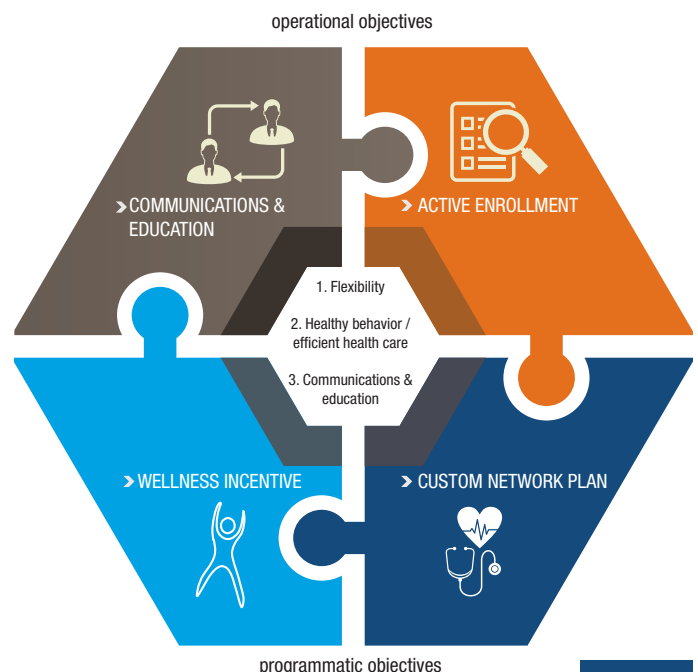
Strategies & Results

The university has been charged with finding ways to combat the twin epidemics of declining wellness and rising health care costs among the employee population. UM System pursued four interrelated objectives during 2015 Annual Enrollment to encourage healthy lifestyles and reduce costs for employees and the university:

1. Invest in communications and education.
2. Institute active enrollment.
3. Introduce the Custom Network Plan.
4. Expand the wellness incentive.

The results described throughout this section suggest that the university achieved a great deal of success in meeting these objectives. Plus, the objectives helped to advance the following recommendations from the Total Rewards Ad Hoc Task Force.

- Increase flexibility within the Total Rewards programs.
- Utilize medical plan options to encourage healthy behavior and efficient use of healthcare services.
- Invest in communication and education about Total Rewards that promotes informed decision-making.



3.1 Communications and Education

This year's annual enrollment was coupled with an enormous increase in communication and education efforts to ensure faculty and staff had opportunity become aware and adequately understand of the full scope of changes. Communications were cohesive and simple—focusing messages the three points:

1. This year is different. You must actively make a medical insurance plan choice, or will be defaulted to the after-tax Healthy Savings Plan.
2. There's a new medical plan for those who live and/or work in the Columbia area called the Custom Network Plan.
3. We heard you. We expanded the 2015 Wellness Incentive to further support your steps toward living healthfully.

3.1.1 In-person education

Together with campus HR offices, the Total Rewards Department orchestrated a number of in-person events to educate faculty and staff about the 2015 Annual Enrollment process and benefit options. Conducting these events was a collective effort, however; Total Rewards staff, campus representatives, and supervisors all played key parts in reaching faculty and staff in their own meeting rooms. A large portion of the benefit-eligible population, 42%, learned about enrollment options and the enrollment process through one of the 230 departmental meetings. In addition, 5% of the benefit-eligible population was reached in 32 meetings of leadership groups, such as the University of Missouri-St. Louis Forum for Deans, Chairs, and Directors.

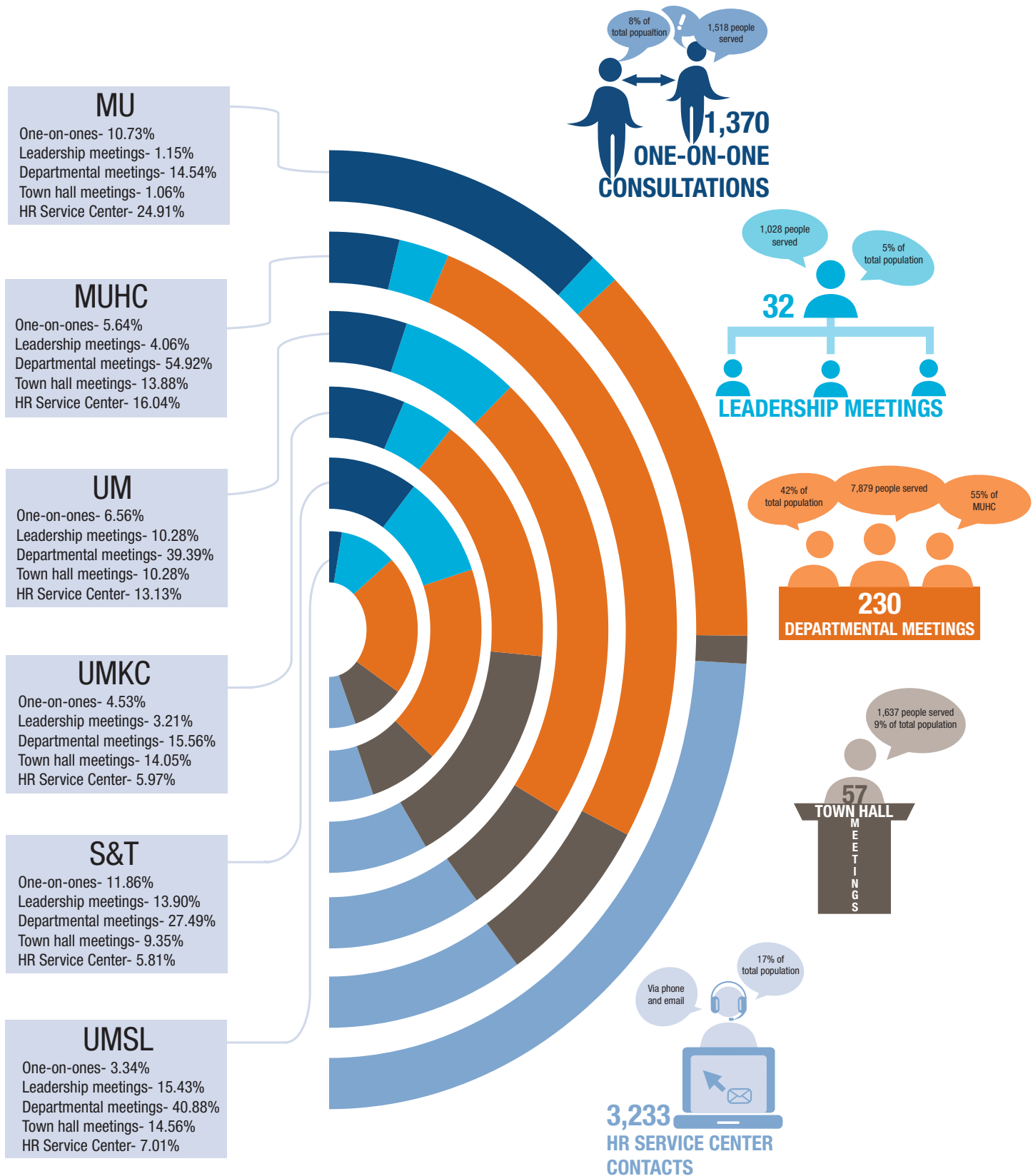
Town hall meetings gave faculty and staff opportunity to attend an annual enrollment meeting on a date and time that worked best for them, especially for those employees who missed their departmental meeting. Nine percent of the benefit-eligible population attending a town hall meeting. Moreover, temporary staff through the MU SOS Temporary Service were hired and trained to provide one-on-one consultations. Eight percent of our benefit-eligible population elected to participate in one of 1,370 one-on-one consultations.

The Total Rewards HR Service Center (HRSC) was, and still is, available from 7:30 a.m. to 5:00 p.m. every work day to answer individual questions about enrollment and insurance plans. The Service Center stayed open late on the last day of enrollment to assist those who needed last-minute assistance. The HRSC assisted 3,233 faculty and staff for Annual Enrollment—including 2,430 phone calls, 676 emails, and 127 walk-in appointments. In total, HRSC reached 15,295 employees with 4,922 events, which is about 75% of the whole system population.

The top subject categories for inquiries regarding enrollment were:

1. Questions about the active election/automatic enrollment process.
2. General/miscellaneous questions.
3. More explanation of the Custom Network Plan.
4. Clarification on aspects of the myHR enrollment portal.

Percentage of benet-eligible population participating in an event, by campus

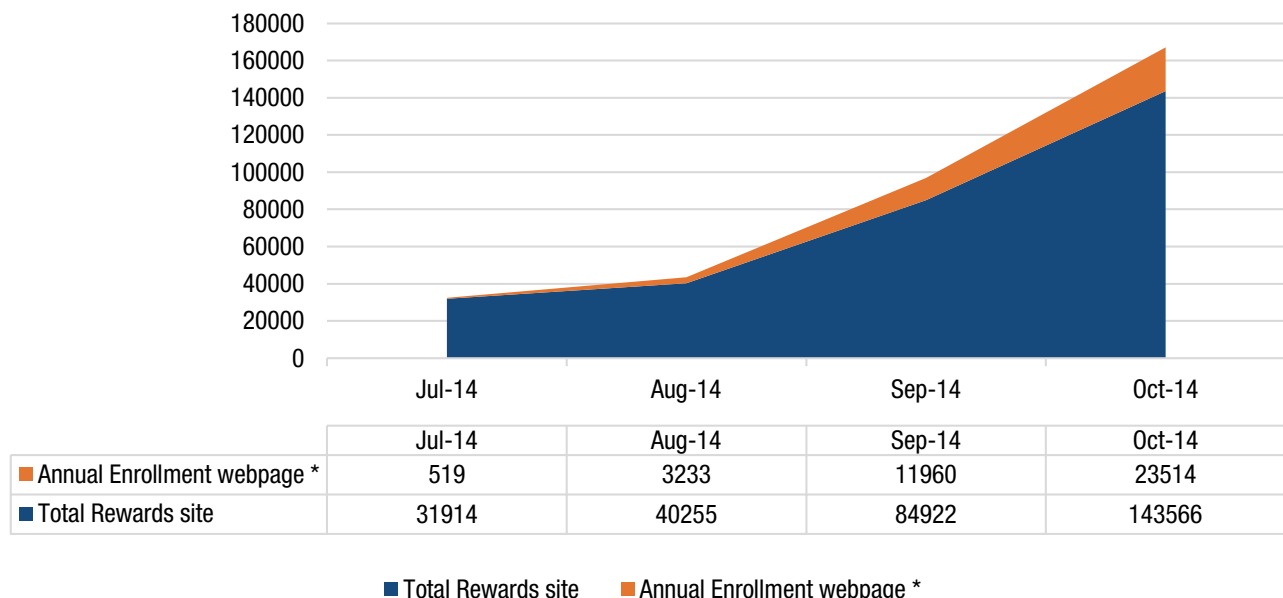


3.1.2 Communication tools

In-person events were supplemented with many other communication and education tools, including Web and social media presence, direct mailings, automated phone calls, mass emails, decision-making videos, and the myBenefit Decision Center.

The Total Rewards website was the primary source for all enrollment information. The Annual Enrollment homepage launched in mid-July—a full month and a half before information is usually distributed. The site was continually updated as more information became available. Correspondingly, Web traffic grew substantially from mid-July to the October enrollment period. The site saw 300,657 unique pageviews in this 3.5-month period, with monthly pageviews growing by 4.5 times, from 31,914 in July to 143,566 in October.

Unique pageviews of the Annual Enrollment webpage, by month

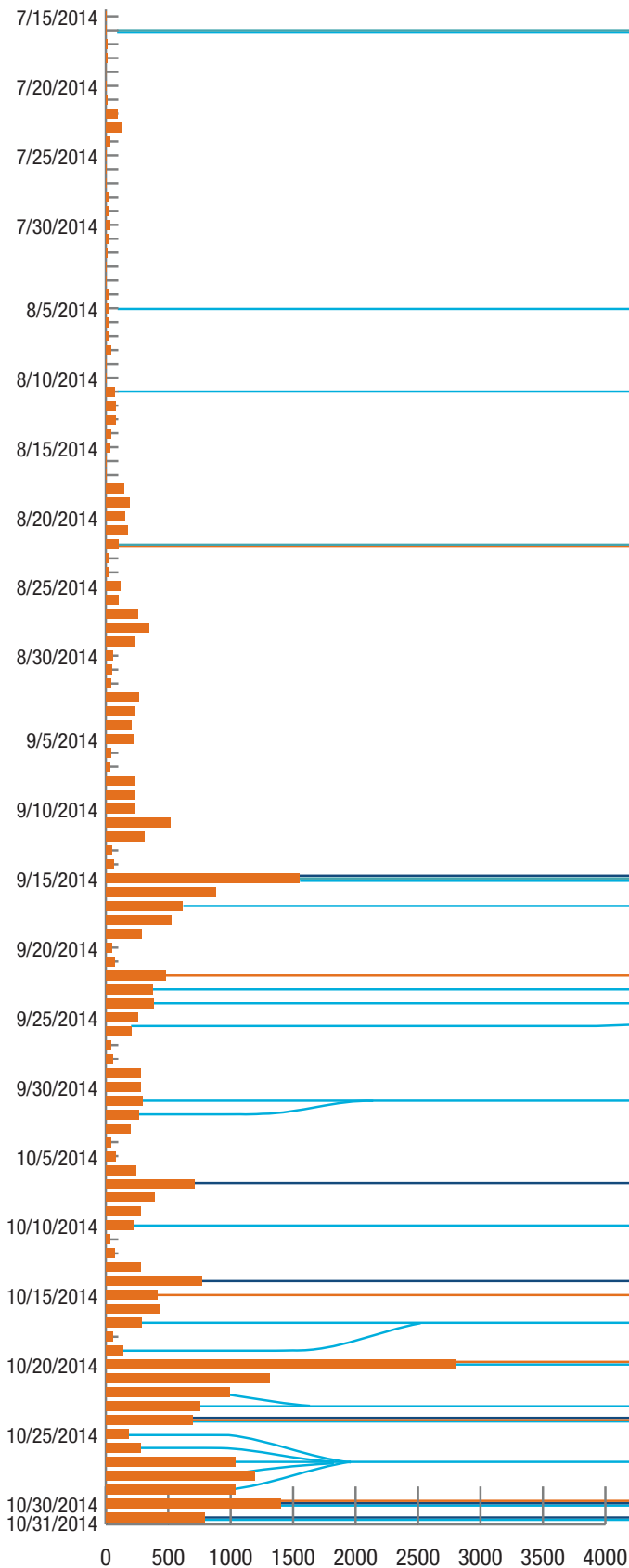


Other communication tools helped to connect people to the website. The graphic on the opposite page illustrates how media like mass emails, automated phone calls, and social media posts correlate with spikes in website traffic. Horizontal lines indicate when messages to faculty and staff were published. As expected, communications efforts ramped up as the enrollment period drew closer.

To illustrate, on September 15, the Annual Enrollment Decision Guide was mailed to faculty and staff. The guide's availability was announced through social media and a mass email to faculty and staff. The 2015 Annual Enrollment webpage (<http://umurl.us/2015AE>) was featured in these communications, and a corresponding spike in traffic occurred with 2,060 unique page views on that day alone.

In total, faculty and staff experienced 598,812 communication contacts via these communications tools, in addition to the 14,081 people served in the 3,708 in-person events. While not all visitors to the Total Rewards website sought enrollment information, one can surmise that a large proportion of traffic was indeed related to annual enrollment given how rapidly Web traffic increased over the 3.5 months leading up to and during the enrollment period.

Unique pageviews of the Annual Enrollment webpage, by day



DIRECT MAILINGS

57,410 recipients of 3 mailings:

- postcard
- bulletin
- guide



MASS EMAILS

157,111 recipients via 8 emails



CALLS

66,015 contacts via 6 automated phone calls



myBENEFIT DECISION CENTER

6,422 users over 2 months



SOCIAL MEDIA

4,830 views with 11 blog articles, 11 Facebook posts, and 18 tweets



VIDEO

6,367 views of 2 videos



TOTAL REWARDS WEBSITE

300,657 unique pageviews over 3.5 months



3.2 Informed decision-making

This year's annual enrollment process asked faculty and staff to actively select a medical insurance plan. It is the first time the university has implemented active enrollment in over 30 year. In years past, employees could maintain the same plan elections by taking no action at all.

Leadership believed implementing an active enrollment process would give each faculty and staff member opportunity to make a more informed decision about the medical insurance that is right for his or her family. Consequently, it was believed some portion of the benefit-eligible population would choose a different plan than the one they had been maintaining year in and year out, and the results prove that belief to be correct. Of the people who were eligible for medical coverage in both 2014 and 2015, 44% selected a different medical plan for 2015.

Only 51% of faculty and staff in the PPO Plan in 2014 (formerly called myChoice) remained in the plan for 2015. Thirty-eight percent moved to the Custom Network, and 11% moved to the Healthy Savings Plan. A larger proportion of employees enrolled in the Healthy Savings Plan in 2014 (formerly called myOptions) remained in that plan for 2015: 74%. But, 19% moved to the Custom Network, and 6% moved to the PPO Plan.

The movement from the PPO Plan to those with lower premiums saved money for employees and the university. To compare apples to apples, this section looks at cost savings for only those faculty and staff who maintained the same level of coverage from 2014 to 2015—e.g., Self Only, Self & Spouse, etc.

Those faculty and staff who moved from the PPO Plan to another plan or waived coverage have saved a total of \$4,524,106 for 2015. The university has saved another \$3,444,433 from their migration to a lower-cost plan. Looking across all plans, employees have saved \$2,984,812 for 2015, while the university has saved \$119,729.

MEDICAL PLAN MIGRATION: SAVINGS (-\$) OR COST INCREASE (\$) FOR EMPLOYEES AND UNIVERSITY

Plan movement of those who kept the same coverage level	# who moved/stayed	Employee annual cost savings/increase	University annual cost savings/increase
2014 Healthy Savings to 2015 Healthy Savings	1798	-\$72,739.44	-\$294,734.40
2014 Healthy Savings to 2015 Custom Network	434	\$216,194.88	\$126,456.48
2014 Healthy Savings to 2015 PPO	130	\$152,631.12	\$144,261.84
2014 PPO to 2015 Healthy Savings	1473	-\$1,671,510.48	-\$1,303,308.00
2014 PPO to 2015 Custom Network	5080	-\$2,852,595.84	-\$2,141,124.72
2014 PPO to 2015 PPO	7014	\$1,243,208.16	\$3,348,720.00
Totals	15929	-\$2,984,811.60	-\$119,728.80

Healthy Savings Plan enrollees proved that they were more savvy consumers, too, in making use of the opportunity to invest a certain portion of their pre-tax income in a Health Savings Account (HSA). For 2015, more enrollees chose to take advantage of the HSA and the average employee contribution increased, from an average of \$853.14 in 2014 to \$1,094.65 for 2015.

Forty-four percent of the people who selected a plan in both 2014 and 2015 chose a differently between the two plan years. Put another way, in implementing active enrollment, faculty and staff scrutinized plans more than in past years, and the resulting in almost half deciding a different plan was right for them. It is believed that increased education around insurance options might have facilitated informed choice-making.

3.3 Increase in Wellness Incentive

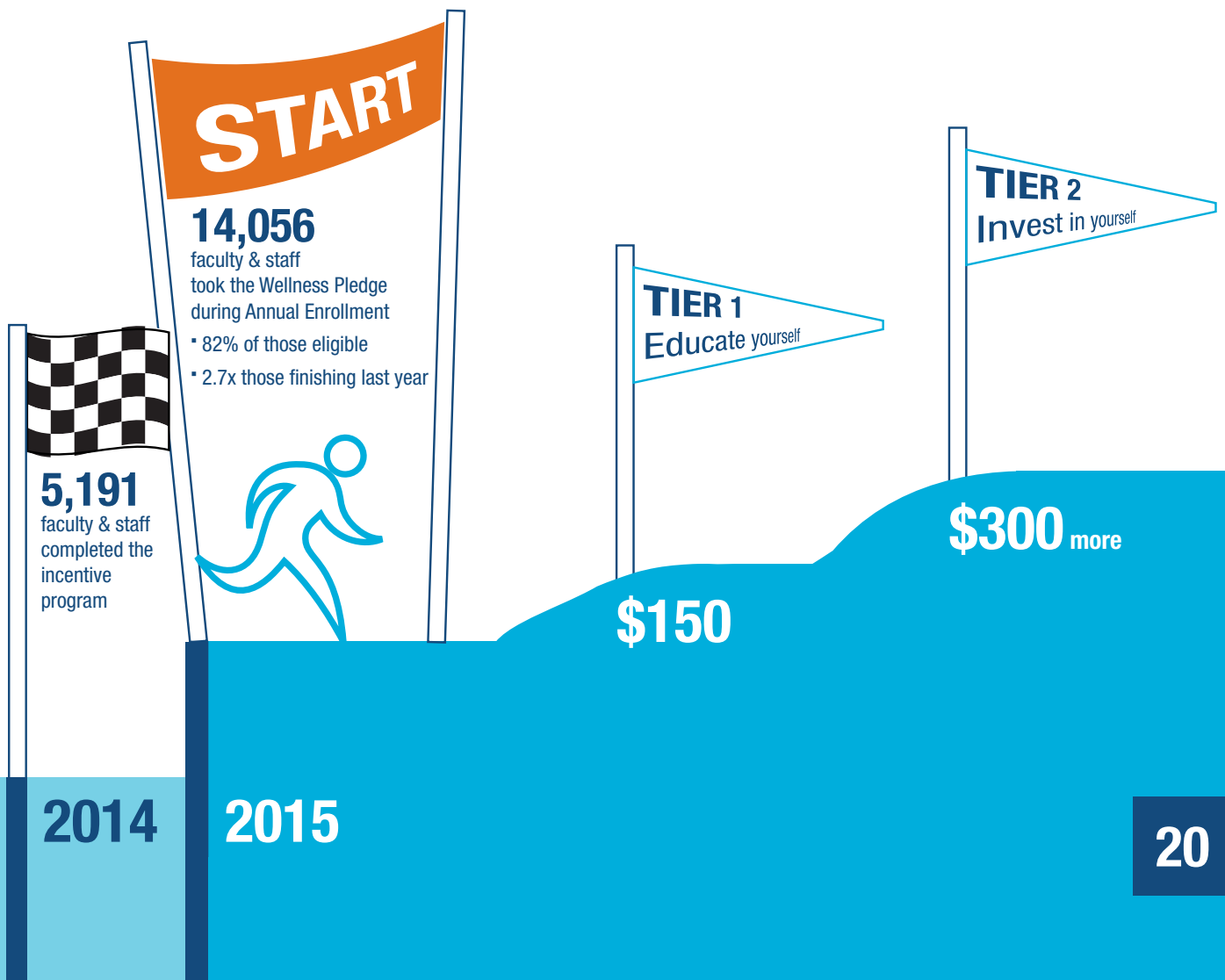
The last objective for 2015 Annual Enrollment was expanding the wellness incentive program. To achieve this, the 2015 Wellness Incentive was integrated with 2015 Annual Enrollment. Employees could join the program and select their benefits from the same enrollment process tool, making participation easier for faculty and staff. What's more, faculty and staff were required to make an active choice *not* to participate, and, should they choose to do so, it was made clear that the \$450 would be forfeited in declining participation.

There were 14,056 faculty and staff who signed the 2015 Wellness Pledge during 2015 Annual Enrollment, 82% of those eligible to do so, and 2.7 times greater than those who completed last year's incentive. More data will be available later in 2015 when the incentive program concludes.

The 2015 Wellness Incentive has two tiers:

1. Tier 1 helps faculty and staff identify their current health status (earning \$150 for successful completion) and is to be completed by April 30, 2015.
2. Tier 2 provides health education courses for individuals to take steps toward healthier living (\$300 additional) and will conclude September 30, 2015.

Employees who started the 2015 Wellness Incentive v. those who finished in 2014



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Feedback

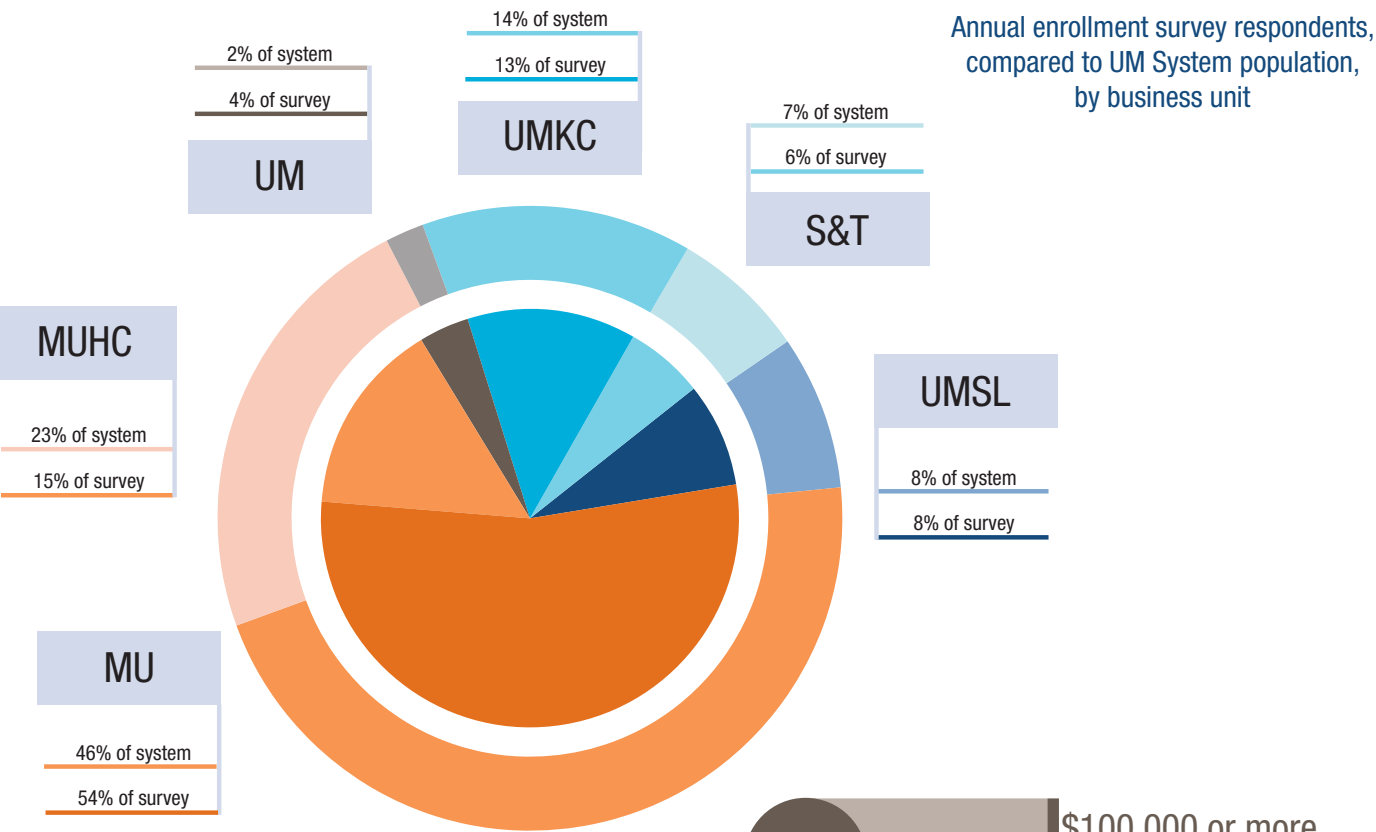
As a follow up to this year's enrollment process, a survey of fully benefit-eligible faculty and staff was conducted to learn what employees would recommend improving in future years.



4.1 About the survey

The survey was available from November 6 to November 13, 2014, and sought the opinion of UM System employees on a number of questions related to communication and education, and the enrollment process. At the conclusion of the feedback portion, respondents had the option to partake in a five-question quiz to evaluate the overall understanding of the university's benefit plans.

There were 4,114 unique responses. Of those employees who chose to respond, 71% were female, and 29% were male. Sixty-two percent of respondents were 45 years old or older, and 78% identified as being a staff member rather than faculty. Happily, the response distribution was roughly equivalent to employee distribution when considering the whole of UM System.



Salary distribution of annual enrollment survey respondents



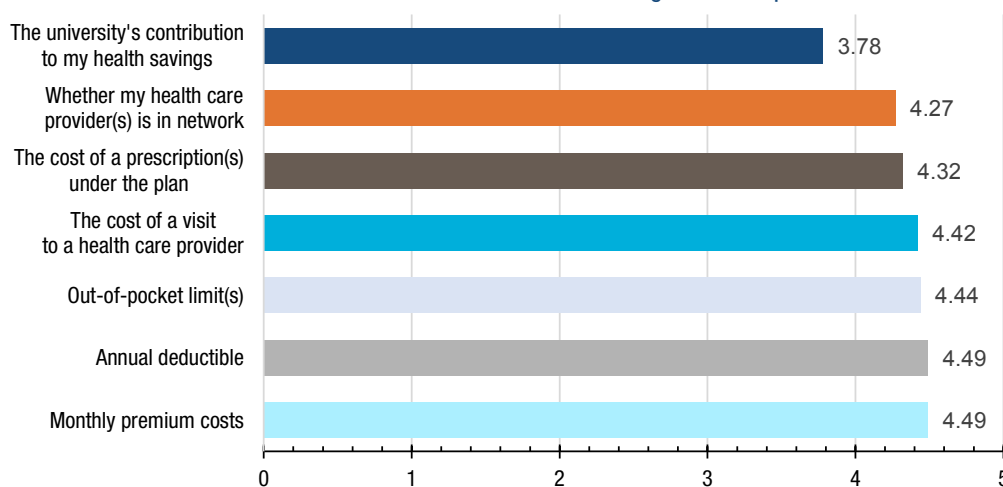
4.2 Employee feedback on communication and education efforts, and the enrollment process

There were a number of ways employees heard about 2015 Annual Enrollment. Survey results indicated that, on average, most individuals thought email and in-person presentations were most helpful (with an average as 4.18 and 4.10 out of 5, respectively), whereas the automated telephone calls and social media were viewed as less helpful (ranking automated phone calls an average of 2.32, blogs as 1.98, and Facebook/Twitter as 1.68).

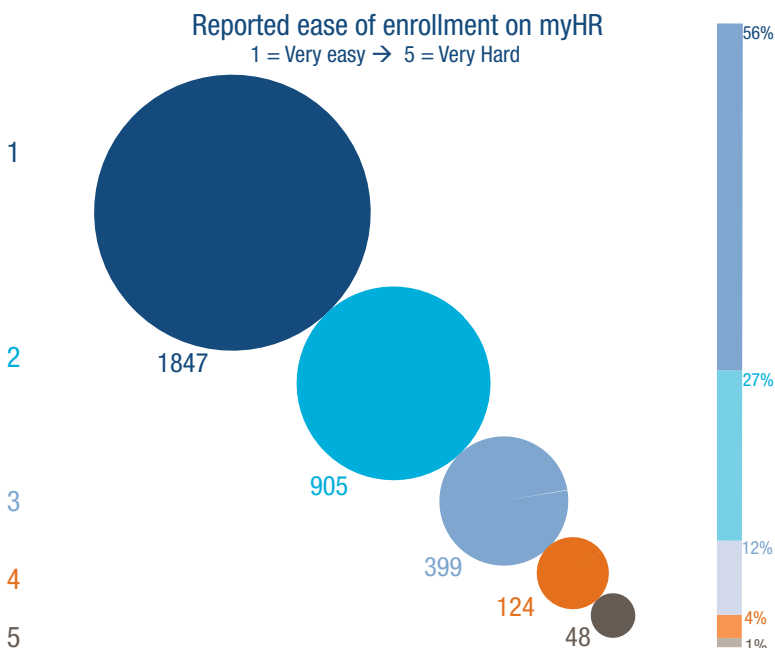


When asking which tool employees found most useful in researching their medical insurance options, respondents ranked the *Annual Enrollment Decision Guide* and the monthly premiums list as being most helpful (with a mean rank of 4.21 and 4.03 out of 5, respectively). Of the in-person events faculty and staff could have attended, department meetings and one-on-one consultations were at the top of the list (ranked on average as 3.78 and 3.63 out of 5, respectively.) Least helpful were town halls (ranked 3.26) and the video "Making Your Medical Plan Choice" (ranked 2.82). Annual deductibles and monthly premiums virtually tied as the most important factors in choosing a medical plan as shown below. Almost 100% of enrollees (99.7%) used myHR to enroll. Most survey respondents found the enrollment

"How important (with one being "not important," and 5 being "very important") were each of these factors when choosing a medical plan?"



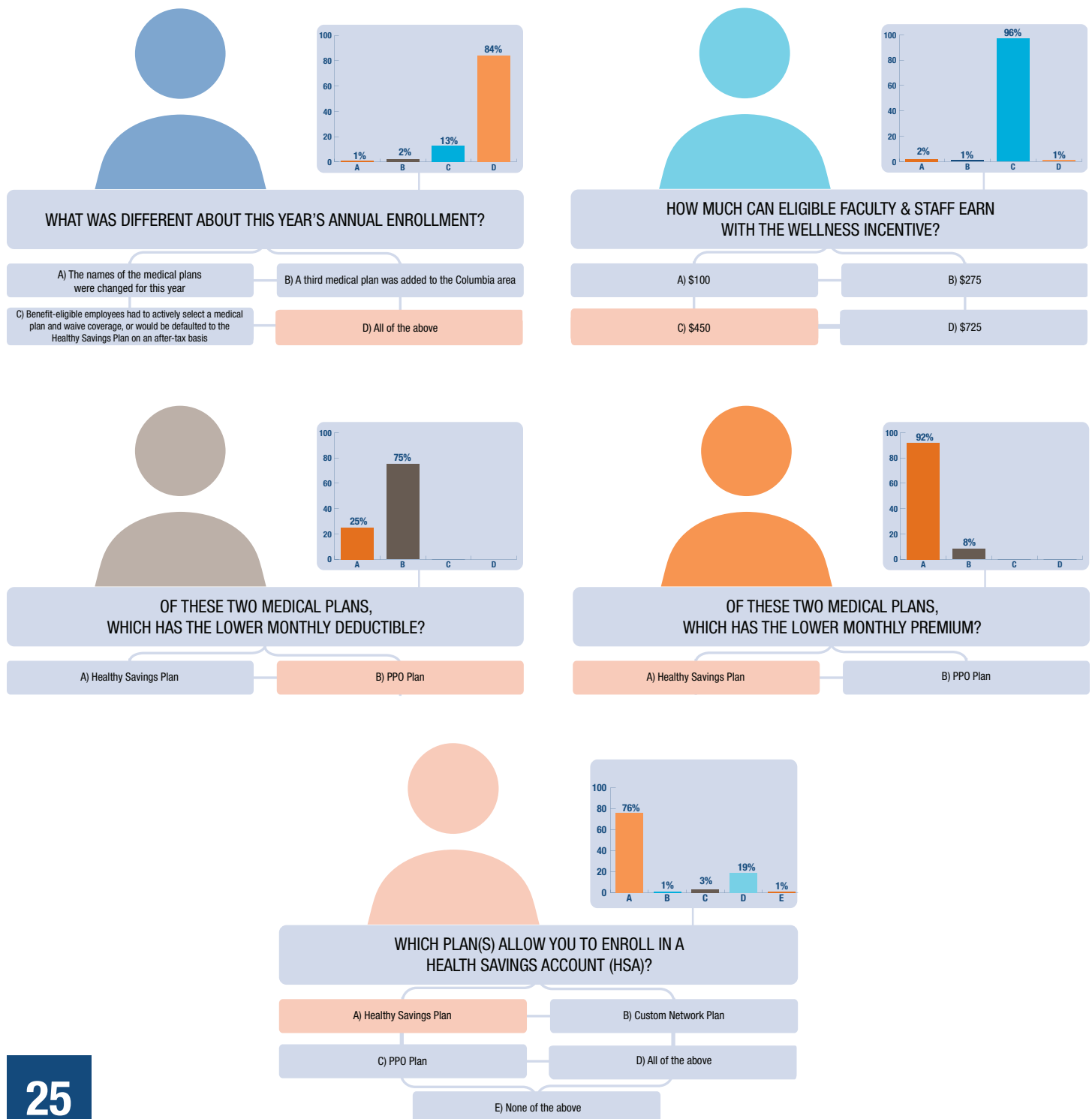
process to be a simple one, with over 50% responding that going through myHR was "very easy." This is particularly interesting because there is sometimes an assumption that segments of the benefit-eligible population are averse to using a computer or are without access to one.



4.3 Quiz results

At the conclusion of the survey, respondents were asked whether or not they would like to participate in a brief, five-question quiz concerning facets of the different medical insurance options for the 2015 plan year. The purpose of the quiz was to evaluate the knowledge of survey respondents and gain insight into the effectiveness of communication and education efforts, with the goal of improving education in areas where quiz answers were most often wrong.

All in all, respondents did quite well on the quiz, suggesting that communication and educational efforts are not just favorably received, but also successful in conveying information. The following five charts show the distribution respondents' answers, as well as the correct response.



5

Considerations

Although 2015 Annual Enrollment can be viewed as a success in many ways, it is important to remember that the university's efforts to provide quality and affordable health care while responsibly managing the university's financial resources are still ongoing. With that thought in mind, there are a number of ideas to be gleaned for future years. These considerations are interwoven, but all contribute to making UM benefits and the annual enrollment process better for faculty, staff, and the university.



5.1 Future Considerations

The fact that eligible faculty and staff chose the Custom Network by almost 50% reaffirms the importance of exploring ways to expand this type of integrated network plan to other regions of the UM System. With a large number of faculty and staff moving to other plans, it supports the cause to continue employing active enrollment each year. Lower migration rates in future years can be expected, but active enrollment gives faculty and staff who are ready to move plans the best opportunity to do so. In the same way, knowing that 99.7% of all enrollees enrolled via myHR, and more than 80% of survey respondents indicated enrollment was “easy” or “very easy,” it seems appropriate to continue focusing efforts on improving online enrollment processes, and to diminish use of paper-based enrollment except for in a few special circumstances.

Respondents to the survey quiz were generally correct in their responses, but many survey respondents chose not to take the quiz and even some that did choose to respond did so incorrectly. It may be prudent to focus on providing more thorough explanations in areas where the most incorrect responses appeared, such as defining Health Savings Accounts and deductibles. Tangentially, some feedback indicated starting wellness incentive activities the same day as annual enrollment would make dates less confusing, which would further simplify both enrollment and the incentive.

In terms of connecting to UM faculty and staff, feedback indicated that respondents held positive attitudes toward departmental meetings and one-on-one consultations, which are both geared toward personalized interactions. It would be worthwhile to be able to deliver this same personal touch in the future, and brainstorm how to do so more efficiently and effectively.

As the infographic of section 3.1.2 illustrates, there were noticeable spikes in Total Rewards Web traffic when the website was communicated in other media or talked about during in-person events. Digital communications were also rated highly among faculty and staff for both promoting awareness of annual enrollment and providing resources to learn about benefit options. Considering communication and education efforts as a whole, coordinated, multi-media “bursts” of communications may achieve the greater impact. To this end, it would be advantageous to focus on delivering more content via email and the website with other communication tools supporting these most favored methods.

If you would like more information about this report, 2015 Annual Enrollment, or have questions, please consult the supplementary data document “Annual Enrollment Performance Report Data Supplement, 2015” available at www.umsystem.edu/totalrewards, or by contacting the Total Rewards office:

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The “Benefit-Eligible Faculty and Staff as 100 People” graphic was created based on inspiration from “The World as 100 People,” designed by Jack Hagley, shared by Jack Hagley on May 25, 2013, and accessed on 12/17/2014 on the website [visual.ly](http://visual.ly/world-100-people) at <http://visual.ly/world-100-people>.

Report prepared by Total Rewards People Data and Communication and Education teams.



